

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10829250

FILED DATE 4-22-48

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10	1					
11		0				
12		0				
13		0				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						